1273817

FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION IVED
Washington, D.C. 20549

FORM D

DEC - 9 2003

OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response... 16.00

OMB APPROVAL

| SEC | JSE ONLY |
|--------|----------|
| Prefix | Serial |
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| DATE | RECEIVED |
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NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. 158 SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

| Name of Offering (check if this is an a Common Stock Offering | amendment and name has changed, and indicate change.) | |
|---|--|--|
| Filing Under (Check box(es) that apply): | ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section 4(6) | ULOE |
| Type of Filing: New Filing | | |
| | | |
| 1 Company Company | A. BASIC IDENTIFICATION DATA | 03039939 |
| 1. Enter the information requested about | nendment and name has changed, and indicate change.) | 03039939 |
| Blue Water Technologies, Inc. | nenoment and name has changed, and indicate change.) | |
| Address of Executive Offices | (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| 7. mar. 656 67 EMC-11176 611.065 | (Number and Subsequently Subsequently | (208) 664-7000 |
| Address of Principal Business Operations | (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| (if different from Executive Offices) | | |
| | | |
| Brief Description of Business | | |
| Water Filtration Products | | |
| Type of Business Organization | | PROCLOGE |
| □ corporation | - ' ' ' ' | other (please specify): |
| business trust | ☐ limited partnership, to be formed | |
| | Month Yea | |
| Actual or Estimated Date of Incorporation | | Actual Estimated THOMSON |
| Jurisdiction of Incorporation of Organization | on: (Enter two-letter U.S. Postul Service abbreviation for State: | ID FINANCIAL |
| | CN for Canada; FN for other foreign jurisdiction) | 110 |
| GENERAL INSTRUCTIONS | | • |
| Federal: Who Must File: All issuers making an of 77d(6). | fering of securities in reliance on an exemption under Regulation | on D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. |
| and Exchange Commission (SEC) on the | o later than 15 days after the first sale of securities in the off earlier of the date it is received by the SEC at the address giy United States registered or certified mail to that address. | |
| Where to File: U.S. Securities and Exchan | ge Commission, 450 Fifth Street, N.W., Washington, D.C. 20549 | 9. |
| Copies Required: Five (5) copies of this photocopies of the manually signed copy or | s notice must be filed with the SEC, one of which must be m r bear typed or printed signatures. | nanually signed. Any copies not manually signed must be |
| | ist contain all information requested. Amendments need only C, and any material changes from the information previously s | |
| Filing Fee: There is no federal filing fee. | | |
| ULOE and that have adopted this form are to be, or have been made. If a stat | liance on the Uniform Limited Offering Exemption (ULOE) a. Issuers relying on ULOE must file a separate notice with the requires the payment of a fee as a precondition to the cla ll be filed in the appropriate states in accordance with state | h the Securities Administrator in each state where sales aim for the exemption, a fee in the proper amount shall |

SEC 1972 (6-02)

filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the

1 of 9



A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

| Each general and m | anaging partner of | partnership issuers. | | | | | | |
|---|--------------------|------------------------------|----------------|-------------------|---|----------|---|--|
| Check Box(es) that Apply: | Promoter | Beneficial Owner | × | Executive Officer | X | Director | | General and/or Managing Partner |
| Full Name (Last name first, if i John C. Shovic | ndividual) | | | | | | | |
| Business or Residence Address | (Number and St | reet, City, State, Zip Code | ;) | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Ø | Executive Officer | × | Director | | General and/or Managing Partner |
| Full Name (Last name first, if i Barbara Ueckert | ndividual) | | | | | | | |
| Business or Residence Address | (Number and St | treet, City, State, Zip Code | 2) | | | | | |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | | Executive Officer | | Director | | General and/or Managing Partner |
| Full Name (Last name first, if i | ndividual) | | | | | | | |
| Business or Residence Address | (Number and St | treet, City, State, Zip Code | e) | | | | | |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | | Executive Officer | | Director | | General and/or Managing Partner |
| Full Name (Last name first, if | ndividual) | | | | - | | | |
| Business or Residence Address | (Number and St | treet, City, State, Zip Cod | e) | | | ····· | | , m _{artin} , , , , , , , , , , , , , , , , , , , |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | | Executive Officer | | Director | | General and/or Managing Partner |
| Full Name (Last name first, if | ndividual) | | · · · · · · | | | | | |
| Business or Residence Address | (Number and St | treet, City, State, Zip Cod | e) | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | | Executive Officer | | Director | | General and/or Managing Partner |
| Full Name (Last name first, if | ndividual) | | | <u> </u> | | | | |
| Business or Residence Address | (Number and S | treet, City, State, Zip Cod | e) | | | | | |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | | Executive Officer | | Director | | General and/or Managing Partner |
| Full Name (Last name first, if | ndividual) | | | | | | | |
| Business or Residence Address | (Number and S | treet, City, State, Zip Cod | e) | | | | | |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | | Executive Officer | | Director | | General and/or Managing Partner |
| Full Name (Last name first, if | ndividual) | | | ** | | | | |
| Business or Residence Address | (Number and S | treet, City, State, Zip Cod | e) | | | | | |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | | Executive Officer | | Director | | General and/or Managing Partner |
| Full Name (Last name first, if | individual) | | | | | | | |
| Business or Residence Address | (Number and S | treet, City, State, Zip Cod | e) | | | | - | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | | Executive Officer | | Director | | General and/or Managing Partner |
| Full Name (Last name first, if | ndividual) | | | | | | | |
| Business or Residence Addres | (Number and S | treet, City, State, Zip Cod | e) | | | | | |
| | | | | | | | _ | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| | | | | B. | INFORI | MATION | ABOUT C | FFERING | | sedanji s | 7. 7. 7. | Sign of | 7.775 |
|-----------------------------|----------------------------|---|---|--|--------------------------------------|--|---|--|------------------------------|---|------------------------------|--------------------------|------------------|
| 1. | Has the issu | er sold, or do | | | | | | - | | | | Yes | No ⊠ |
| | | | | | | | filing unde | | | | | | |
| 2. | What is the n | inimum invest | ment that will | be accepted i | rom any indi | vidual? | | | | | | N/A | |
| 3. | Does the offe | ring permit joir | nt ownership o | f a single uni | 17 | | | *************************************** | | | ******* | Yes ⊠ | No |
| 4. | offering. If and/or with a | ormation requestor similar remula person to be state or states, rsons of such a | meration for s listed is an ass , list the name | colicitation of sociated person of the broke | f purchasers on or agent or dealer. | in connection f a broker or If more than | with sales of dealer regists five (5) perso | of securities in ered with the ons to be liste | n the SEC d are | | | | |
| | • | ame first, if i | ndividual) | | | | | | | | | | |
| None | | ence Address | (Number on | d Street Ci | ty State 7'is | n Code) | | | | | | | |
| ופחכו | iicas oi ixeaic | chec Addiess | (Number an | u biicci, Ci | iy, State, Za | p Couc) | | | | | | | |
| Nam | e of Associat | ed Broker or | Dealer | | | | | | | | | | |
| State | s in Which P | erson Listed | Has Solicited | or Intends | to Solicit Pr | ırchasers | ······································ | | | | | | |
| | (Check "All | States" or chec | k individual Si | ates) | | | | | | | | All Sta | tes |
| [AL] [IL] [MT | [IN] | [AZ] [IA] [NV] [SD] | [AR] [KS] [NH] [TN] | [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | (FL) [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [ID [M [P/ | Ó] A] |
| | | ame first, if i | | 1177 | | 1,.1 | 1,,,, | 11111 | 1,, ,, | 117.1 | | | |
| | | | | | | | | | | | | | |
| Busi | ness or Resid | ence Address | (Number an | d Street, Ci | ty, State, Zi | p Code) | , | | | | | | |
| Nam | e of Associa | ed Broker or | Dealer | | | | | | | | | | |
| State | s in Which F | erson Listed | Has Solicited | or Intends | to Solicit P | ırchasers | | | | | | | |
| | (Check "All | States" or chec | k individual S | tates) | | | | ••••• | | | | All St | ates |
| [AL] [IL] [MT [RI] | [IN] | [AZ] [IA] [NV] [SD] | [AR] [KS] [NH] [TN] | [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] _[UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [II] [M [P/ [PI | O] A] |
| Full | Name (Last | name first, if i | ndividual) | | | | | | | | | | |
| Busi | ness or Resid | ence Address | (Number ar | d Street, Ci | ty, State, Zi | p Code) | | | | | | | |
| Nan | ne of Associa | ed Broker or | Dealer | | | | | | | | | | |
| State | es in Which I | erson Listed | Has Solicited | d or Intends | to Solicit P | urchasers | | | | , | | | |
| | (Check "All | States" or chec | k individual S | tates) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | *************************************** | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | All St | ates |
| [AL |] [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [10 |)] |
| [IL] [MT [RI] | [IN] | [IA] [NV] [SD] | [KS] [NH] [TN] | [KY] [NJ] [TX] | [LA] [NM] [UT] | [ME] [NY] [VT] | [MD] [NC] [VA] | [MA] [ND] [WA] | [MI] [OH] [WV] | [MN] [OK] [WI] | [MS] [OR] [WY] | [M [P <i>i</i> [PI | A] |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | |
|------------|--|--------------------------|--|
| | Type of Security | Aggregate Offering Price | Amount Already Sold |
| | Debt | \$0 | \$0 |
| | Equity | \$ 154,050 | \$ 154,050 |
| | ☑ Common ☐ Preferred | | |
| Waı | Convertible Securities (some investors did receive warrants for no additional consideration. | \$0 | \$0 |
| | Partnership Interests | \$0 | \$ <u> </u> |
| | Other (Specify Unit) | \$0 | \$0 |
| | Total | \$0 | \$0_ |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | Number Investors | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | 2 | |
| | Non-accredited Investors. | <u>7</u> | \$ <u>154,050</u> \$0 |
| | Total (for filings under Rule 504 only) | | |
| | The state of the s | | \$ |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. | Type of | Dollar Amount |
| | Type of offering | Security | Sold |
| | Rule 505 | | \$ |
| | Regulation A | | s |
| | Rule 504 | | \$ |
| | Total | | \$ |
| 4 . | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| | Transfer Agent's Fees | | |
| | Printing and Engraving Costs. | | □\$ 0 |
| | Legal Fees | | ⊠\$ 10,000 |
| | Accounting Fees | | □\$ 0 |
| | Engineering Fees. | | |
| | Sales Commissions (specify finders' fees separately) | | |
| | Other Expenses (identify) | | □\$ 0 |
| | Total | | ⊠s 10,000 |

| | C. OFFERING PRICE, N | umber of investors, expenses and | USE OF PROCEE | DS |
|---------|--|---|---|----------------------------|
| | | gate offering price given in response to Part C - response to Par: C - Question 4.a. This difference | | \$ 144,050 |
| 5. | used for each of the purposes shown. If the estimate and check the box to the left of the | gross proceeds to the issuer used or proposed to be amount for any purpose is not known, furnish an se estimate. The total of the payments listed must suer set forth in response to Part C - Question 4.b. | | |
| | | | Payments to Officers, Directors, & Affiliates | Payments To Others |
| | Salaries and fees | | □s | □s |
| | Purchase of real estate | | | |
| | Purchase, rental or leasing and installation of and equipment | f machinery | | |
| | Construction or leasing of plant buildings ar | nd facilities | □\$ | □\$ |
| | Acquisition of other businesses (including t offering that may be used in exchange fo issuer pursuant to a merger) | | □\$ | □\$ |
| | Repayment of indebtedness | | □ \$ | |
| | Working capital | | □s | ⊠ \$ <u>144,050</u> |
| | Other (specify): | | | |
| | | | □ \$ | |
| | | | | □\$ |
| | | | □ \$ | |
| | Total Payments Listed (column totals added | .) | ⊠ \$_ | 144,050 |
| | | D. FEDERAL SIGNATURE | | |
| The | | by the undersigned duly authorized person. If this no | | |
| sign | ature constitutes an undertaking by the issuer | to furnish to the U.S. Securities and Exchange Commiscredited investor pursuant to paragraph (b)(2) of Rule 5 | ssion, upon written requ | |
| ssu | er (Print or Type) | Signature | ate / / | |
| | Water Technologies, Inc. | dentil | 1112810 | 3 |
| Nan | ne of Signer (Print or Type) | Title of Signer (Print or Type) | • | |
| Johr | C. Shovic | President and CEO | | |

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| ٠. | | E. STATE SIGNATURE | THUS TO SEE |
|------|---|--|---|
| 1. | • • • • | presently subject to any of the disqualification | Yes No |
| | | See Appendix, Column 5, for state response. | |
| 2. | The undersigned issuer hereby undertakes (17 CFR 239.500) at such times as required | to furnish to any state administrator of any state in which d by state law. | this notice is filed, a notice on Form D |
| 3. | The undersigned issuer hereby undertak issuer to offerees. | tes to furnish to the state administrators, upon written | request, information furnished by the |
| 4. | Limited Offering Exemption (ULOE) of | the issuer is familiar with the conditions that must be the state in which this notice is filed and understands shing that these conditions have been satisfied. | |
| | issuer has read this notification and knows authorized person. | the contents to be true and has duly caused this notice to b | e signed on its behalf by the undersigned |
| Issu | er (Print or Type) | Signature | 1 / |
| Blue | e Water Technologies, Inc. | des | 128/03 |
| Nan | ne of Signer (Print or Type) | Title of Signer (Print or Type) | |
| Johi | ı C. Shovic | President and CEO | |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

| | - | ; ; | | APP | ENDIX | To the second | | | 1.38% |
|-------|---|-----|--|--------------------------------------|---|---|--|-----|-------|
| 1 | Intend to sell and to non-accredited offer investors in State offer | | Type of security and aggregate offering price offered in state (Part C-Item 1) | | Disqual under Sta (if yes explan waiver | ification te ULOE , attach ation of granted) -Item 1) | | | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| AL | | | | | | | | | |
| AK | | | | | | | | | |
| AZ | | | | | | | | | |
| AR | | | | | | | | | |
| CA | | | | † | | | ······································ | | |
| со | | | | | | | | | |
| CT | | | | | | | 7 | | |
| DE | | | | | | | | | |
| DC | | | | | | | | | |
| FL | | | | | | | | | |
| GA | | | | | | | | | |
| ні | | | | | | | | | |
| 1D | | √ | Common Stock (\$155,000) | 4 | \$94,050 | | | | V |
| IL | | | | | | | | | |
| IN | | | | | | | | | |
| IA | | 1 | | | | | | | |
| KS | | | | | | | | | |
| KY | | | | | | | | | |
| LA | | | | | | | | | |
| ME | | | | | | | | | |
| MD | | | | | | | | | |
| MA | | | | | | | | | |
| МІ | | | | | | | | | |
| MN | | | | | | | | | |
| MS | | | | | | | | | |

| 1 | 2 | | 3 | ACI | ENDIX | 4 | | Disqual | ification | |
|-------|--------|--|-----------------------------|--|----------|--|---|----------|--|--------------------------------|
| | | Intend to sell to non-accredited investors in State (Part B-Item 1) | | Type of security and aggregate offering price offered in state (Part C-Item 1) | | amount p | of investor and nurchased in State rt C-Item 2) | | under Sta (if yes, explana waiver (Part E- | attach ation of granted) |
| State | Yes No | | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No | |
| МО | | | | 12.03.07.0 | 71 | 15,000,5 | 71220435 | 100 | 1,70 | |
| MT | | | | | | | | | | |
| NE | | | | | | | | | | |
| NV | | | | | | | ···· | | | |
| NH | | | | | | | | | | |
| NJ | | | | | | | | | | |
| NM | | | | | | | | <u> </u> | | |
| NY | | | | | | | | | | |
| NC | | | | | | | | | | |
| ND | | | | | | | | | | |
| ОН | | | | | | | | | | |
| OK | | | | | | | | | | |
| OR | | V | Common Stock (\$155,000) | 1 | \$25,000 | | | | 1 | |
| PA | | | | | | | | | | |
| RI | | | | | | | | | | |
| SC | 1 | | | | | | | | | |
| SD | | | | | | | | | | |
| TN | | | | | | | | | | |
| TX | | | | | | | | | | |
| UT | | | | | | | | | | |
| VT | | | | | | | | | | |
| VA | | | | | | | | | | |
| WA | | √ | Common Stock / \$155,000 | 2 | \$35,000 | | | | √ | |
| wv | | | | | | | | | | |
| WI | | | | | | | | | | |

| 1 | | 2 | 3 | | APPENDIX 4 | | | | |
|-------|----------|--|--|--|------------|--|---|-----|----|
| | to non-a | to sell ccredited s in State -Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | Type of investor and amount purchased in State (Part C-Item 2) | | | under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| WY | | | | | | | | | |
| PR | | | | | | | | | |

3161360_1.DOC